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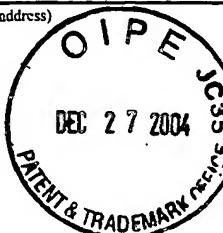
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12/13/2004

Matthew W. Baca
Rogers Towers, P.A.
Suite 1500
1301 Riverplace Boulevard
Jacksonville, FL 32207
12/20/2004 JDB:LRK2 00000100 10316465

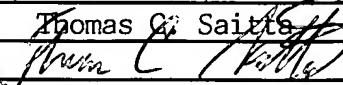
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Thomas C. Saitta		(Depositor's name)
		(Signature)
December 22, 2004		(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,466	07/09/2003	Melissa Whitten Bryan	10148.10.U	9597

TITLE OF INVENTION: ELECTROMAGNETIC INDUCTION DETECTION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEDYNH, BOT L	2862	324-331000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas C. Saitta

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Agri Dynamics, Inc. d/b/a Industrial
Manufacturing

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Albany, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date December 22, 2004

Typed or printed name Thomas C. Saitta

Registration No. 32,102

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